DOCUMENT RESUME

ED 181 617 EC 121 793

AUTHOR Grimes, Jeff; And Others
TITLE Competencies and Standards for Psychological Assessment, Intervention and Follow-Up.
INSTITUTION Iowa State Dept. of Public Instruction, Des Moines.
PUB DATE Aug 79
NOTE 48p.

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Clinical Diagnosis; Due Process; *Evaluation Methods; *Handicapped Children; *Intervention; Psychological Tests; *Psychologists; Referral; Skill Development; Standards; *Student Evaluation; Testing; Tests

ABSTRACT

Intended for self evaluation and improvement of school psychological services, the document lists competencies and standards for psychological assessment, intervention, and followup of children with suspected handicapping conditions. The first section presents a flow chart and a list of standards for seven competencies: referral; definition of concern; assessment selection; data collection, analysis, and interpretation; diagnosis; psychological intervention; and followup, support, and evaluation. The second section presents a monitoring checklist which is explained to allow for self review of professional services, planning, and review of major steps involved in due process. The final section describes a service review system which evaluates the extent to which the competencies and standards were implemented in case by case study. Two methods, a quality rating approach which involves ratings by the service provider and service reviewer, and the compliance review method, which poses specific questions related to the standards, are discussed. (CL)

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COMPETENCIES AND STANDARDS FOR PSYCHOLOGICAL ASSESSMENT, INTERVENTION AND FOLLOW-UP

BY

Jeff Grimes
Consultant, School Psychology
Department of Public Instruction
Grimes State Office Building
Des Moines, Iowa 50319

Larry Gile
Supervisor, School Psychology
Green Valley AEA
Green Valley Road
Creston, Iowa 50801

Jack Montgomery
Supervisor, School Psychology
AEA 6
9 Westwood Drive
Marshalltown, Iowa 50158

August, 1979

State of Iowa
DEPARTMENT OF PUBLIC INSTRUCTION
Grimes State Office Building
Des Moines, Iowa 50319

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INTRODUCTION

PSYCHOLOGICAL ASSESSMENT, INTERVENTION AND FOLLOW-UP

This publication is the culmination of a two-year effort by the authors with the invaluable assistance and involvement of Iowa Area Education Agency School Psychological Services Supervisors and practicing school psychologists throughout Iowa.

The project was initiated out of the conviction that although they were not in written form, standards and competencies for appropriate psychological assessment did indeed exist, that there were certain minimum steps and actions that needed attention in most cases referred to a school psychologist. It was further believed that most practicing school psychologists, in an informal manner and when time pressure allowed it, kept to a procedural routine of sorts which insured that the vital aspects of an ethical, efficacious handling of cases would be realized. What was missing was a document or standard that, while allowing for needed flexibility, outlined a best practices approach from initial referral to the closing of a case.

The task the authors took on was to come with a guide which could sequentially lay out first the competencies called for in dealing with the phenomenon of psychological assessment, intervention and follow-up, and second, the standards required to meet the stated competencies. It was imperative that the document not reflect solely the views and opinions of the authors, but be a distillation of the most widely held views of practitioners. The final product would have to meet several tests.

Competencies and standards would first have to fit with current legistative mandates. They would have to be meshed with the provisions of Public Law 94-142 and Section 504 of the Vocational Rehabilitation Act of

1973. In addition, they would have to compliment the various "Rules" laid down by the Iowa State Department of Public Instruction.

Second, the competencies and standards would have to meet the ethical and professional criteria from both written and unwritten sources which have served to provide parameters of appropriate service in a less structured manner in the past. This was somewhat of a deja vu experience, because the authors knew they were not in written form. Step by step procedures with all the justification had not been there to follow even though there was a logical, sequential way to go. What was involved was a synthesis of the known ethical and professional considerations into a presentable, practical package.

The practicality of the standards and competencies was a third major component of the task. The dilemma was to not be overly idealistic in the face of real life conditions confronting the practicing school psychologist in the field. It was imperative that if the document was to have practical application, that it not set out impossible demands. As the same time, it had to contain those points which would assure a high level of applied psychological service.

A fourth point the authors dealt with was the intended use to which the instrument would be put. From the onset, it was agreed that what was hoped would evolve would be a document which would serve as a guide to the practicing school psychologist, a guide which would lay out the standards and competencies sought after for a high level of applied school psychology. The intent was and remains that the document serve as an aid to the individual psychologist reviewing his or her performance and as an instrument for meaningful service review.

The completed document has gone through a rather exhaustive process of draft, review, draft, etc. During this process, after the first two rewrites, it was field tested by a sample of Iowa's supervisors of school psychological services and their staff. Following results of that effort, a subsequent draft was field tested in each of the fifteen area education agencies in Iowa. Input was received by all interested participants in that effort and a draft reflecting their comments was reviewed for a final time by the area education agency supervisors of School Psychological Services. The final document reflects that review conducted in February, 1979.

It is hoped that the tests and various components of the development effort outlines above have been adequately met. Currently, accepted interpretation of the applicable federal laws and state rules has been incorporated into the document as has the intent of the National Association of School Psychologists' Code of Ethics. The more technical, professional aspects of the document and its components have met the test of the review process. With respect to the practicality, experience with the field tests has shown the document is indeed practical. This is not to say every case handled by a school psychologist will, or even should, follow lock step through the competencies and standards with every detail accomplished. There is a flexibility built into the document which allows for variation and a sound judgment approach by the psychologist. This leads into the "use" phenomenon with which the authors grappled.

While use can be suggested and intent explained, obviously no control over use can be exerted by the authors. To reiterate, it is the authors' intent that the document be utilized as a tool through which school psychological services might be brought to a high level and/or maintained at that level.

It is the authors' belief that the document's more appropriate application will be in a periodic service review process and in a self-monitoring/improvement role. The practicing school psycholgist may, on occasion, be in need of a guide for self-monitoring of performance. It can be a growth experience for psychologists to go through service reviews where one professional submits a case to a second professional and they walk through the handling of that case.

The authors are of the opinion that the greatest potential value of the competencies and standards will be lost should they be utilized to evaluate a psychologist by an administrator. The more important potential outcome will be that of high quality school psychological assessment, intervention, and follow-up through the use of the competencies and standards as a self-improvement technique along with other growth experiences which result in greater competence and experience among practitioners.

Section One
Competencies and Standards

Psychological Assessment, Intervention and Follow-Up

COMPETENCIES AND STANDARDS

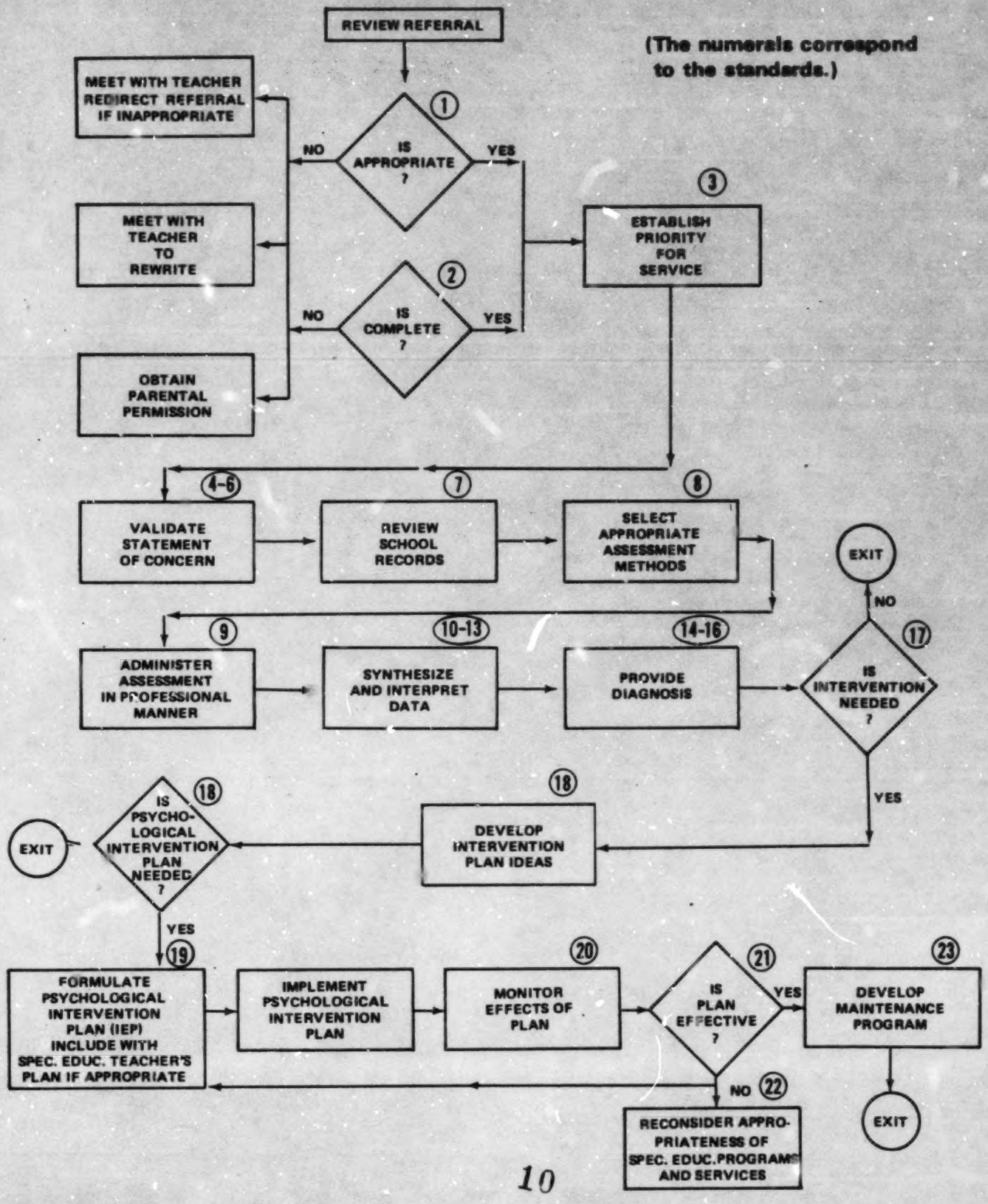
PSYCHOLOGICAL ASSESSMENT, INTERVENTION AND FOLLOW-UP

This section contains a flow chart and the competencies and standards for psychological assessment, intervention and follow-up.

This flow chart is provided as a visual display of the major concepts and steps in the process of assessment, intervention and follow-up. The numerals on the flow chart correspond with the numerical sequence of the standards.

The competencies and standards are presented in a narrative form in this section. Competencies are broad statements designed to incorporate the behaviors included in the standards. Standards describe behaviors which are performed by the professional in providing quality psychology services. There are notes presented in conjunction with some of the competencies and standards. Notes are statements designed to clarify the stated competencies or standard.

Flow Chart of
Psychological Assessment, Intervention and Follow-up



PSYCHOLOGICAL ASSESSMENT, INTERVENTION AND FOLLOW-UP

COMPETENCIES AND STANDARDS

I. COMPETENCY: REFERRAL

When the psychologist receives a referral it is reviewed for completeness of due process safeguards and scheduled for service according to its priority.

1. DETERMINE IF THE REFERRAL IS APPROPRIATE FOR CHILD STUDY

The psychologist reviews the concerns stated in the referral to determine their appropriateness for child study.

Note: Not all referral concerns are appropriate for child study. For example, if the referral concern relates to an area protected by civil or human rights (hair length, arm band, free speech, etc.) then child study is not appropriate. Additionally, if the situation is viewed as a systems problem (ineffective classroom rules, dysfunctional seating arrangements, inappropriate instructional materials, etc.) or as a teaching problem (inappropriate instructional methods, ineffective classroom management skills, etc.) then attention should be directed to these needs rather than focusing on the child.

2. REVIEW THE REFERRAL FOR ESSENTIAL COMPONENTS

The psychologist determines if the referral, applicable to psychological services, has all of the essential components: (1) statement of concern, (2) signature of parent or legal guardian giving permission for assessment and (3) other critical elements as specified by the AEA.

Note: When the referral is incomplete, then the psychologist takes essential steps to secure the required information. This may involve returning the referral to the referring person to complete the needed components. In the interim, consultation with teachers, record reviews and observations could be initiated.

3. ESTABLISH AGREEMENT ON PRIORITY FOR SERVICE

The psychologist reviews the referral and other time demands with the school principal or other building leader and they agree on the priority for service or set the service priority consistent with previously established procedures for referrals (e.g. serve oldest referral first.)

Note: This does not mean the principal or building leader makes the decision. The psychologist and principal or building leader should mutually reach an agreement regarding service priorities.

Note: If there appears to be an appreciable delay between initial referral and the anticipated date of service by virtue of the priority assigned, then the parents and teacher should be notified.

II. COMPETENCY: DEFINITION OF CONCERN

When the psychologist provides services in conjunction with a referral then the statement of concern will be validated, or modified if necessary, to appropriately reflect the concerns.

Note: The wording "statement of concern" is used as an umbrella term for two reasons: (1) The information stated on the referral as "reason for referral" is often not a real concern, (2) The term "concern" is viewed as more positive than "problem". Many referrals are not problems per se (e.g., gifted child) but desire or concern for how to appropriately program for the student.

Note: In working with a case the order of events may be different from the sequence suggested by the organization and numbering of the standards. For example, there may be a teacher-psychologist conference before the referral is prepared or events indicated in standards 4 and 5 may occur at the same point in time or standard 6 may not pertain in a case at all.

4. CONFER WITH REFERRING PERSON(S) AND OTHERS TO CLARIFY THE STATEMENT OF CONCERN

The psychologist confers with the person(s) who initiated the referral for the purpose of clarifying the statement of concern. Additionally, the psychologist confers, as needed, with others who may be affected by the statement of concern, e.g., teachers, parents, significant others.

Note: While the referral may originate from one person, other individuals may have varying viewpoints on the behavior of concern which would reflect on the situational variability or consistency of the behavior.

5. FORMULATE FINAL STATEMENT OF CONCERN

The psychologist validates or, if necessary, redefines the original statement of concern and formulates a final statement of concern with the referring person.

Note: Some referrals state solutions, such as "placement in LD room" or "needs counseling" which should be restated to reflect a concern, such as "determine how to best meet S's educational needs" or "determine how to increase S's participation in social situations in school".

6. REVIEW STATEMENT OF CONCERN WITH PARENTS IF MAJOR REDEFINITION

The psychologist reviews the statement of concern with the parents if a major redefinition of the concern occurred.

Note: It is considered a major redefinition if additional concerns are included or if new purposes are specified for the assessment.

III. COMPETENCY: ASSESSMENT SELECTION

When a psychological assessment is provided the instruments and procedures used will be appropriate to the statement of concern, psychologist's competencies and student's characteristics (i.e., ethnic background, sensory abilities, age, socio-economic factors, physical limitations and other factors).

7. **REVIEW AND ANALYZE PERTINENT SCHOOL RECORDS**

The psychologist, prior to the evaluation, should obtain, review and analyze pertinent records.

(1) Sensory
   a. hearing
   b. vision
(2) Academic-Education
(3) Medical-Health Data
(4) Social-Family Data
(5) Others as appropriate

Note: The review of school records is an attempt to identify problems which would affect the design of the assessment strategy. This review would reveal what prior assessments and historical information about the student exists.

Note: Most of the information indicated above is available in the school (cumulative folder and nurse's records) or AEA office (speech and hearing screening results). In the event this data is not available, the psychologist should obtain the necessary information.

Note: Information in records may also be supplemented by interviews with parents, school personnel and others, e.g., Does the student take any medication? Have you noticed eye strain or squinting? etc.

8. **SELECT ASSESSMENT METHODS APPROPRIATE TO THE STATEMENT OF CONCERN, PSYCHOLOGIST'S COMPETENCIES AND INDIVIDUAL'S CHARACTERISTICS**

The psychologist selects assessment instruments and procedures appropriate to the stated concern, psychologist's competencies and student characterists.

Note: The assessment strategy should be tailored to the statement of concern.

Note: If a student needs an assessment beyond the competence of a given psychologist it is incumbent on that professional to get the services of another school psychologist, if appropriate, or assist the family in a referral to a community agency where the need evaluation can be conducted by personnel with the essential competencies.

Note: The information derived by analyzing school records should provide the necessary data about the child's characterists to select an appropriate assessment strategy. e.g. Does the student have a hearing loss, vision problem, or physical disability? Is he/she currently receiving medication? Has been previously retrained? Was taught reading with phonetically based series? Has a long history of illness or school absences? Is the primary language one other than English? etc.

IV. COMPETENCY: DATA COLLECTION, ANALYSIS AND INTERPRETATION
When the psychologist conducts an assessment of the child's behavior, then a thorough interpretation of the data will be formulated.

9. ADHERE TO RECOMMENDED PROCEDURES (OR JUSTIFY DEVIATIONS) WHEN ADMINISTERING AND SCORING NON-STANDARDIZED AND STANDARDIZED INSTRUMENTS

The psychologist adheres to the recommended procedures, unless otherwise justified, when administering and scoring standardized instruments, or when using non-standardized assessment techniques. The psychologist will note in writing and justify deviations in recommended procedures when used.

Note: The term "recommended procedures" refers to test manuals, professional literature and recommendations from professional associations such as NASP, APA and others.

10. SYNTHESIZE ASSESSMENT DATA AND PROVIDE STATEMENTS OF CURRENT FUNCTIONING

The psychologist synthesizes assessment data and provides statements about the student's current functioning.

11. PROVIDE STATEMENTS IN A MANNER UNDERSTANDABLE AND MEANINGFUL TO THE INTENDED RECIPIENT

The psychologist provides an interpretation of data in a manner which is understandable and meaningful to the intended recipient(s).

Note: The psychologist should verify that the receiver of information understands the communication. This could be accomplished by asking if comments are understood and if any points need to be reviewed.

Note: An interpreter should be used if there is a language barrier which would significantly impair communications. For example, if parents are deaf or primary language is different from the psychologist's.

12. PROVIDE OBJECTIVE EVIDENCE TO SUPPORT INTERPRETATIONS

The psychologist provides evidence of an environmental/observable nature in support of the interpretations.

Note: Interpretation regarding personal-social functioning should not be based upon data derived solely from projectives or other inferential procedures, but should include direct observation or other means of verification.

13. INTERPRETATION OF DATA TAKES INTO ACCOUNT POSSIBLE ERROR

The psychologist presents information and interpretations in a manner which takes into account measurement error and recognizes limitations of instruments and assessment procedures employed.

Note: It is important to tailor the explanation to the needs and knowledge level of the persons involved in the case. The intent is to help the consumer understand the assessment data, its reliability and its utility in planning for psychological and educational considerations in the future. Unnecessary statistical and professional terminology should be avoided.

V. COMPETENCY: DIAGNOSIS

When the psychologist conducts an assessment and interprets the results, then a psychological-educational diagnosis will be formulated including a categorical diagnosis if warranted.

14. DEVELOP A PSYCHOLOGICAL-EDUCATIONAL DIAGNOSIS

The psychologist will develop a psychological-educational diagnosis related to the interpretation of data collected and the statement of concern.

Note: A psychological-educational diagnosis is the identification of dysfunctional behaviors and environmental conditions which warrant attention. Students with special needs often have multiple difficulties. The psychological-educational diagnosis should specify, in priority order, those behaviors and environmental conditions which are problematic for the student.

Note: The psychologist's philosophical orientation may be behavioral, developmental, analytical or based on other schools of thought. The psychological-educational diagnosis merely represents the psychologist's opinion regarding the behaviors and aspects of the student's environment which should receive attention.

15. PROVIDE CATEGORICAL DIAGNOSIS WHEN WARRANTED

The psychologist reviews data and, when warranted, provides an opinion concerning a categorical diagnosis for special education purposes.

Note: Categorical diagnosis refers to the categories defined in the Rules of Special Education (1978) in Section 12.3(4): mental disability, emotional disability, learning disability, communication disability, physical disability and chronically disruptive. Opinions regarding categorical diagnosis should take into account all aspects of the categorical definition, and present a clear statement supported by facts.

Note: While it is acknowledged that the diagnostic-educational team members share information, data and points of view concerning the child, it is the responsibility of the psychologist, as a team member, to formulate a professional opinion regarding a categorical diagnosis.

16. EXPRESS DISSENTING OPINION IF IN DISAGREEMENT

The psychologist is responsible for expressing a dissenting opinion, in writing, when a categorical diagnosis, placement decision or other considerations are formulated with which the psychologist disagrees.

Note: Dissenting opinions should be documented, written and provided to the appropriate professionals in the local or area education agency for their review and consideration.

VI. COMPETENCY: PSYCHOLOGICAL INTERVENTION
When the psychologist formulates an opinion regarding a psychological-educational diagnosis, then intervention plans, if needed will be formulated.

Note: Intervention plans may focus on the child or other persons or other aspects of the child's environment, e.g., curriculum, seating, class assignment, etc.

Note: This section refers to psychological intervention plans which may occur in a variety of settings including both special education and regular education classrooms or the home and community.

17. DECIDE IF INTERVENTION IS NEEDED
The psychologist formulates an opinion regarding the need for intervention.

Note: The psychologist formulates an individual opinion regarding the need for intervention, whether functioning as a member of a group or the only professional on a case. Some decisions involve a staffing team and others do not. (1) In situations where a team is involved, team members generally have input about plans. However, the psychologist, and all other members of the team, should have an opinion if intervention plans are needed. This does not undercut the team process, but rather strengthens it. (2) In some situations the psychologist is the primary person consulting with the teacher, parent or others on a referral. In this instance, the decision making responsibility rests with the psychologist.

18. DEVELOP POTENTIAL INTERVENTION PLANS WHICH CONSIDER THE LEAST RESTRICTIVE ALTERNATIVE
The psychologist develops multiple intervention plans, which consider the least restrictive alternative, for consideration by the diagnostic-educational team, primary referral source, parents or others.

Note: The concept of the least restrictive alternative is defined in 12.2(3) of the DPI Rules of Special Education (1977).

Note: These are ideas not commitments; ideas offered at staffings or conferences. These ideas may relate to services that the psychologist or others may provide.

19. DEVELOP PSYCHOLOGICAL INTERVENTION PLANS WHICH (A) CORRESPOND TO THE STATEMENT OF CONCERN AND DIAGNOSIS (B) ARE PRACTICAL (C) CONTAIN BEHAVIORAL OBJECTIVES AND (D) CONTAIN EFFICIENT DETAIL FOR IMPLEMENTATION

Note: This assumes the psychologist is responsible for formulating the psychological intervention plan related to an identified area of need.

Note: If the student is enrolled in special education then the psychological intervention plan would, most likely, be included with the teacher's IEP. This may be an attachment to the IEP or written as a portion of a single IEP maintained by the teacher.

Note: Following the collection and analysis of data and interaction with others, the statement of concern may need redefinition. For example, what began as a concern about reading achievement may be viewed as dysfunctional personal-social behavior which is interferring with the learning process rather than only a reading difficulty. This opinion should be expressed to the parents and others closely involved in the case before an intervention is designed.

19A. **INTERVENTION PLANS CORRESPOND TO STATEMENT OF CONCERN AND DIAGNOSIS**
The psychologist develops intervention plans which correspond to the defined concerns and psychological-educational diagnosis.

Note: Other professionals may also be developing plans, e.g., speech clinicians, consultants, and others.

19B. **INTERVENTION PLANS ARE PRACTICAL**
The psychologist's intervention plans are practical.

Note: Intervention plans are typically developed with those persons who will be implementing the plans.

Note: In this context practical means the intervention plans are viewed as useful, pragmatic, feasible, and capable of being implemented.

19C. **INTERVENTION PLANS CONTAIN BEHAVIORAL INTERVENTION OBJECTIVES**
The psychologist formulates intervention plans which have objectives that are behaviorally specific.

Note: While it is acknowledged that the psychologist is not in control of all of the critical variables, as part of the process of psychological consultation, all relevant variables should be considered. The psychologist is responsible and accountable for his/her consultation that directly results in the intervention plans.

Note: The intent is that the proposed benefits from the intervention plans will be stated in observable and measurable terms. Objectives can be written for behavioral correlates in the affective, cognitive and motor domains.

Note: The psychologist has a responsibility to make others involved in implementing the intervention plan aware that value judgments are inherent in establishing objectives. Decisions about the desired behavior changes should be made in light of this awareness.

Note: An objective should indicate WHEN (time to measure attainment of the objective), WHAT (specify behavior to be measured), WHO (person/s responsible for carrying out the intervention plans) TO WHOM (person the objective refers to, i.e., pupil), CRITERION (define level of success) and EVALUATION (method of evaluating the objective).

19D. **INTERVENTION PLANS CONTAIN SUFFICIENT DETAIL FOR IMPLEMENTATION**
The psychologist provides intervention plans which have sufficient detail to insure that the implementor of the plan can carry out activities appropriately.

VII. COMPETENCY: FOLLOW-UP, SUPPORT AND EVALUATION SYSTEM
When the psychologist provides a psychological intervention, then an effective follow-up system will be used to assist the persons in implementing the plans and progress will be evaluated to determine the effectiveness of the intervention.

Note: When the psychologist provides direct services as a part of the intervention plan, for example psychological counseling, then standard 20 would not be applicable but standards 21 and 22 would be applicable.

20. **INDICATE AVAILABILITY TO IMPLEMENTOR OF INTERVENTION PLANS**
The psychologist is available to individuals who are responsible for implementing intervention plans.

Note: The psychologist's availability should not be assumed. The psychologist should make both verbal statements and written notations in reports indicating availability and willingness to assist and monitor the implementation of the plan. If there is a planned follow-up scheduled, it should be stated.

21. **REVIEW CHANGE OF BEHAVIOR**
The psychologist reviews the change in functioning of those involved with the case.

Note: Change in functioning may pertain to how parents, teachers or others relate to the child, as well as change in child behavior. Review of the objective(s) and other pertinent data would occur at this point.

22. **DETERMINE IF PSYCHOLOGICAL SERVICE SHOULD BE TERMINATED, MODIFIED, OR IF OTHER SERVICES ARE NEEDED**
The psychologist formulates an opinion if psychological services (direct or consultation) should be terminated, modified, or if other services are needed. The psychologist's opinion is communicated to others involved in the case.

Note: The psychological intervention plan may need to be altered in which case the process recycles to standard 19.

Note: The psychologist must form an opinion regarding the present and future needs of the child receiving psychological intervention.

23. **DEVELOP GENERALIZATION AND MAINTENANCE PLAN**
The psychologist develops a plan to provide for generalization and maintenance of changes in behavior.

Note: Special planning is needed to insure that target behaviors generalize to other settings. Special plans are typically needed to insure that behavior changes are maintained over time.

Section Two
Monitoring Checklist

Psychological Assessment, Intervention and Follow-Up

MONITORING CHECKLIST FOR PSYCHOLOGICAL ASSESSMENT, INTERVENTION AND FOLLOW-UP

Although the psychological assessment, intervention and follow-up process is explained in-depth in a previous section, the monitoring checklist is included as an adjunct to quickly determine the stages that have been completed.

Monitoring progress via a systematic checklist allows for:

1. Self Review of Professional Services.
2. Corrective Action to be Taken to "Optimalize" Services.
3. Documentation of Performance-Subjectivity is Minimized and Objectivity Maximized.
4. Comparative Status of All Active Cases.
5. Efficient Use of Time - Not as Likely to Fall Prey to the Feeling "So Much To Do, Don't Know Where to Start."
6. Planning e.g., Scheduling of Staffings.
7. Review of Major Steps Involved in Due Process.

The monitoring checklist reflects the major sections on competencies and standards found in the narrative and can be used as a quick reference to a specific topic e.g., Section I, Referral, in the checklist refers to competency I: Referral. The three checklist items under referral refer to the first three standards in the narrative etc.

It is likely that a faithfully dated checklist will complement any data recording system now extant.

PSYCHOLOGICAL ASSESSMENT INTERVENTION AND FOLLOW-UP CHECKLIST

Name of Pupil _____

School Building and District _____

Name of Psychologist _____

Date Parent Signed Referral _____

Date Referring Person Signed Referral _____

Date Received by Psychologist _____

Date Completed

I. REFERRAL

_____ 1. Determine if referral is appropriate for child study.

_____ 2. Review referral for essential components.

_____ 3. Establish priority for service.

II. DEFINITION OF CONCERN

_____ 4. Confer with referring person(s) and others to clarify the statement of concern.

_____ 5. Formulate final statement of concern.

_____ 6. Review statement of concern with parents if major redefinition.

III. ASSESSMENT SELECTION

_____ 7. Review and analyze pertinent school records.

_____ 8. Select assessment methods appropriate to the statement of concern, psychologists competencies and individual's characteristics.

IV. DATA COLLECTION, ANALYSIS AND INTERPRETATION

_____ 9. Adhere to recommended procedures (or justify deviations) when administering and scoring non-standardized and standardized instruments.

_____ 10. Synthesize assessment data and provide statements of current functioning.

_____ 11. Provide statements in a manner understandable and meaningful to the intended recipient of information.

_____ 12. Provide objective evidence to support interpretations.

_____ 13. Interpretation of data takes into account possible error.

Date Completed

V. DIAGNOSIS

_____14. Develop a psychological-educational diagnosis.

_____15. Provide categorical diagnosis when warranted.

_____16. Express dissenting opinion if in disagreement.

VI. PSYCHOLOGICAL INTERVENTION

_____17. Decide if intervention is needed.

_____18. Develop potential intervention plan ideas which consider the least restrictive alternative.

_____19. Develop psychological intervention plans which (A) correspond to the statement of concern and diagnosis (B) are practical (C) contain behavioral objectives and (D) contain sufficient detail for implementation.

19A. Intervention plans correspond to statement of concern diagnosis.

19B. Intervention plans are practical.

19C. Intervention plans contain behavioral intervention objectives.

19D. Intervention plans contain sufficient detail for implementation.

VII. FOLLOW-UP SUPPORT AND EVALUATION SYSTEM

_____20. Indicate availability to implementor of intervention plans.

_____21. Review change of behavior.

_____22. Determine if psychological service should be terminated, modified, or other services needed.

_____23. Develop generalization and maintenance plan.

Section Three
Service Review System

Psychological Assessment, Intervention and Follow-Up

SERVICE REVIEW SYSTEM

The primary use of the service review system (SRS) is to help psychologists receive constructive feedback on the services they provide. This information should be useful in maintaining quality services and identifying areas for improvement by an individual psychologist. A secondary use of the SRS could be to develop a profile of the quality of services for a unit of psychologists.

The SRS is based on the assumption that we can best understand psychological services by taking a sample of the behavior of the psychologists providing that service. Therefore, this is a case review methodology in which the services of a given psychologist are reviewed in light of how they were provided for a specific child. Consequently, the first step in the SRS is to select cases at random from a psychologist's current or past case load then review those cases, one at a time, to determine the extent to which the competencies and standards were implemented. Obviously one case would not give an adequate sample of the psychologist's behavior. Three to five cases would appear to be a reasonable quantity for review during a year.

Two experimental methods for using the standards and competencies for service review are presented in this section. The first is a Quality Rating Method which utilizes a seven point scale for rating the extent to which the standards were implemented. The quality could range between a rating of one (1) being low to seven (7) being high. The second method utilizes a compliance measure and identifies whether the standards were implement or not. The specific instructions for implementing these service review methods will be discussed later in this section. Regardless of which

service review method is utilized, a summary report should be compiled. This summary report consists of four parts:

A. Indicate the individuals involved in the service review.

1. Provider: The name of the psychologist who provided the service that is being reviewed.

2. Reviewer: The name of the psychologist who is reviewing the services of the service provider.

3. Referrer: The name of the person who initially referred the student to the psychologist.

4. Implementor: The name of the person(s) who is the implementors of the psychologist's intervention plan.

B. Descriptive data about the student who received the services that are being reviewed.

1. Student's name

2. Age

3. Grade level or special education program

4. School District

5. School building

6. Other information

C. Service review data summary:

The information in the summary will be dependent upon whether the quality rating system was used or the compliance measure was utilized.

D. Reviewer's and Provider's comments concerning the case

This section is used to record summary observations concerning the services provided. Remember, the purpose of the system is to help psychologists receive constructive feedback on the services they provide. The observations are divided into three parts.

1. Areas of strength in providing quality psychological services.

2. Areas for attention in providing quality psychological services.

3. Additional observations or comments.

The benefit of the service review will be the interactions betweeen the reviewer and the provider. It is anticipated that both psychologists will benefit from the exchange of ideas and discussions of alternative methods of providing quality services, potential benefits of various approaches and specific problems inherent in particular service methods. Out of this discourse it is anticipated that both psychologists will be in a position to make even better discriminations when making decisions concerning methods of psychological services for various cases in the future.

Descriptions of Service Review Procedures: Quality Rating Method

The Quality Rating Method involves ratings by the service provider and service reviewer. Each standard is stated briefly on the rating sheet and all standards should be rated with one of the following alternatives:

> SNP means that the service had not progressed to the point where the standard would be implemented.
>
> NA means the standard is not applicable to this situation.
>
> 0 (zero) means a standard was not implemented but should have been.
>
> NUMERICAL (1-7) means a rating on a one to seven point scale with 1 being low quality implementation of the standard and 7 being high quality implementation of the standard. The one to seven rating is used when the standard was implemented.

The service provider and service reviewer should do their ratings independently. This does not mean that they do not converse. On the contrary, the reviewer will need to make inquiries about the case and based upon the dialogue with the service provider, contact with appropriate school personnel and information in the case file a judgment should be made. The ratings are independent in that the provider and reviewer do not need to agree on their judgments (rating) of any given standard. Also, based on subsequent discussions a rating can be changed by either party.

PSYCHOLOGICAL ASSESSMENT, INTERVENTION AND FOLLOW-UP
SERVICES REVIEW SYSTEM: QUALITY RATING METHOD

Review Date _____

A. Persons involved in Service Review:

Provider (psychologist) of service reviewed: _____

Service Reviewer (another psychologist): _____

Person who referred the student Referrer: _____

Implementor of the intervention plans: _____

B. About the student:

Student's Name _____

Age _____

Grade _____ Special Education Program _____

School District _____

School Building _____

Other Information

C. Service Review, Summary of Raw data

	1	2	3	4	5	6	7	8a	8b	8c	9	10	11	12	13	14
Provider																
Other																

	15	16	17	18	19a	19b	19c	19d	20	21	22	23
Provider												
Other												

Total and Percentage SNP ___ / ___ % NA ___ / ___ % 0 ___ / ___ %

Average numerical ratings $\bar{x}$ = _____

D. Reviewer's and Provider's comments concerning services:

AREA OF STRENGTH IN PROVIDING QUALITY PSYCHOLOGICAL SERVICES	
Reviewer's comments	Provider's comments

AREA FOR ATTENTION IN PROVIDING QUALITY PSYCHOLOGICAL SERVICES	
Reviewer's comments	Provider's comments

ADDITIONAL OBSERVATIONS OR COMMENT	
Reviewer's comments	Provider's comments

SERVICE REVIEW SYSTEM FOR PSYCHOLOGICAL ASSESSMENT INTERVENTION AND FOLLOW-UP: QUALITY RATING METHOD

Instructions: Each standard should be rated independently by (1) the provider of the service, and (2) the reviewer of the service. The rating must pertain to a specific case being reviewed. Each standard is rated with the following designations

SNP means that the service had not progressed to the point where the standard would be implemented
NA means the standard is not applicable to this situation.
0 (zero) means a standard was not implemented but should have been.
NUMERICAL (1-7) means a rating on a one to seven point scale with 1 being low quality implementation of the standard and 7 being high quality implementation of the standard. The one to seven rating is used when the standard was implemented

STANDARD	RATING BY SERVICE PROVIDER (LOW … HIGH)										RATING BY SERVICE REVIEWER (LOW … HIGH)									
1. Determine if referral is appropriate for child study.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
2. Review referral for essential components.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
3. Establish priority for service.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
4. Confer with referring person(s) and others to clarify the statement of concern.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
5. Formulate final statement of concern.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
6. Review statement of concern with parents if major redefinition.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
7. Review and analyze pertinent school records.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
8. Select assessment methods appropriate to:																				
8a. the statement of concern	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
8b. psychologist's competencies	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
8c. individual's characteristics.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7

SERVICE REVIEW SYSTEM:
QUALITY RATING METHOD

STANDARD	RATING BY SERVICE PROVIDER (LOW … HIGH)	RATING BY SERVICE REVIEWER (LOW … HIGH)
9. Adhere to recommended procedures (or justify deviations) when administering and scoring non-standardized and standardized instruments.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
10. Synthesize assessment data and provide statements of current functioning.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
11. Provide statements in a manner understandable and meaningful to the intended recipient of information.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
12. Provide objective evidence to support interpretations.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
13. Interpretation of data takes into account possible error.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
14. Develop a psychological-educational diagnosis.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
15. Provide categorical diagnosis when warranted.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
16. Express dissenting opinion if in disagreement.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
17. Decide if intervention is needed.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7
18. Develop potential intervention plan ideas which consider the least restrictive alternative.	SNP NA 0 1 2 3 4 5 6 7	SNP NA 0 1 2 3 4 5 6 7

SERVICE REVIEW SYSTEM:
QUALITY RATING METHOD

STANDARD	RATING BY SERVICE PROVIDER										RATING BY SERVICE REVIEWER									
				LOW						HIGH				LOW						HIGH
19. Develop psychological intervention plans which:																				
19A. Corresponds to the statement of concern and diagnosis,	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
19B. Are practical,	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
19C. Contain behavioral objectives,	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
19D. Contain sufficient detail for implementation.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
20. Indicate availability to implementor of intervention plans.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
21. Review change of behavior.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
22. Determine if psychological service should be terminated, modified, or other services needed.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7
23. Develop generalization and maintenance plan.	SNP	NA	0	1	2	3	4	5	6	7	SNP	NA	0	1	2	3	4	5	6	7

Description of Service Review Procedures: Compliance Review Method

The Compliance Review Method poses specific questions related to the standards. There are two respondents to every question: the service provider responds to each question and in addition a response is recorded for either the reviewer or the referring person or the implementor of the intervention plan. When a response is needed from the referring person or implementor of the intervention plan then the response should be solicited by the individual who is the case reviewer. On the response sheet there are boxes indicating who is the desired respondent to the questions. Each question should be answered in one of the following ways:

1. Yes - this means the question is answered affirmatively and there was compliance with the standard.
2. No - this means the question is answered negatively and there was not compliance with the standard.
3. OPL - this means that the opportunity was lacking for implementing the standard addressed in the question.
4. DTL - this means that the data needed to make a judgment is lacking.

There is also room on the response sheet for comments or observations.

PSYCHOLOGICAL ASSESSMENT, INTERVENTION AND FOLLOW-UP
SERVICES REVIEW SYSTEM: COMPLIANCE REVIEW METHOD

Review Date _____

A. Persons involved in Service Review:

Provider (psychologist) of service reviewed: _____

Service Reviewer (another psychologist): _____

Person who referred the student, Referrer: _____

Implementor of the intervention plans: _____

B. About the student:

Students's Name _____

Age _____

Grade _____ Special Education Program _____

School District _____

School Building _____

Other information

C. Service Review, Summary of Raw data

	1	2	3	4	5	6	7	8a	8b	8c	9	10	11	12	13	14
Provider																
Other																

	15	16	17	18	19a	19b	19c	19d	20	21	22	23
Provider												
Other												

Total and Percentage	Provider	Yes ___/___ %	No ___/___ %	OPL ___/___ %	DTL ___/___ %
	Other	Yes ___/___ %	No ___/___ %	OPL ___/___ %	DTL ___/___ %

D. Reviewer's and Provider's comments concerning services:

AREA OF STRENGTH IN PROVIDING QUALITY PSYCHOLOGICAL SERVICES	
Reviewer's comments	Provider's comments

AREAS FOR ATTENTION IN PROVIDING QUALITY PSYCHOLOGICAL SERVICES	
Reviewer's comments	Provider's comments

ADDITIONAL OBSERVATIONS OR COMMENT	
Reviewer's comments	Provider's comments

Response	Abbreviation
Yes	Yes
No	No
Opportunity Lack	OPL
Data Lacking	DTL

SERVICE REVIEW SYSTEM:
COMPLIANCE METHOD

Indicators of performance	Reviewer	Provider	Referrer	Implementor	Comments
1. Is the referral statement appropriate for child study?	☐	☐			
2. Were all essential components for due process safeguards completed prior to the evaluation?	☐	☐			
3. Was the referral on (child's name) handled either according to a priority determined by agreement between the psychologist and building leader or according to an established priority system for serving the building?	☐	☐			
4. Did the psychologist confer with you (referring person) regarding the statement of concern prior to the evaluation?		☐	☐		
5. Does this (see written statement of concern) represent your understanding of the concern with the student prior to the evaluation?		☐	☐		
6. Has there been a major redefinition of the concern from the original referral problem and final statement of concern?	☐	☐			
7. Were school records reviewed? (look at case notes and reports for evidence of records reviewed).	☐	☐			
8a. Were the assessment methods and procedures appropriate for the statement of concern?	☐	☐			
8b. Were the assessment methods and procedures appropriate for the statement of concern?	☐	☐			
8c. Were the assessment methods and procedures appropriate for the student's characteristics?	☐	☐			

Response	Abbreviation
Yes	Yes
No	No
Opportunity Lack	OPL
Data Lacking	DTL

SERVICE REVIEW SYSTEM:
COMPLIANCE METHOD

Indicators of Performance	Reviewer	Provider	Referrer	Implementor	Comments
9. Were the assessment methods appropriate for child study?	☐	☐			
10. Are all important areas of current functioning described in the psychologist's report?		☐	☐		
11. Was the information provided by the psychologist concerning the student's behavior and the assessment results meaningful and understandable?	☐	☐			
12. Does the report or other written material document that the psychological interpretions have been corroborated with observable/environment behavior?	☐	☐			
13. Does the report, or other material in the case records, document that the measurement error was considered?	☐	☐			
14. Did the psychologist indicate, in priority order, those behaviors warranting attention?		☐	☐		
15. If the child was identified as handicapped is there data in the case records to substantiate the categorical diagnosis?	☐	☐			
16. If the psychologist's data did not agree with the diagnosis then did the psychologist develop a dissenting opinion with written documentation which was filed with appropriate professionals for a case review?	☐	☐			
17. Does the data indicate that intervention plans would be needed?	☐			☐	
18. Were various ideas for possible intervention suggested by the psychologist?		☐		☐	
19a. Do the psychological intervention plans relate to the statement of concern and diagnosis?		☐		☐	

Response	Abbreviation
Yes	Yes
No	No
Opportunity Lack	OPL
Data Lacking	DTL

SERVICE REVIEW SYSTEM:
COMPLIANCE METHOD

Indicators of Performance	Reviewer	Provider	Referrer	Implementor	Comments
19b. Are the psychological intervention plans practical?		☐		☐	
19c. Did the psychologist's report have behaviorally specific and measurable objectives?		☐		☐	
19d. Did the psychological intervention plans contain sufficient details to allow the plans to be carried out correctly?		☐		☐	
20. Is it your understanding that the psychologist would be available to assist you (implementor) in implementing and monitoring the intervention plans?		☐		☐	
21. Did the psychologist review the case and determine if a change was occuring after the intervention plans were implemented.	☐	☐			
22. Was this case terminated or other services recommended?	☐	☐			
23. Was a carry-over program utilized with this case to insure generalization and success in varied environments?	☐	☐			